Template Heroes Nomination Form

Please Print	
Name of PEPFAR Hero: Heroes must be 18 or older	
Organization (if applicable):	
Telephone (include country/city code): +()	Email:
Address:	
Country:	
If your hero is working with a PEPFAR-funded project please inc project below.	clude the name and location of the
Name PEPFAR-funded project Location o	f project
Please use the boxes below to select what you are including wit ☐ Description and photo of my PEPFAR hero	h your nomination form
☐ Description and photo slide show of my PEPFAR hero	
☐ Video/DVD of my hero	
Include a brief description in the space below of your hero and the reason for his/her nomination.	
By submitting this nomination, I agree to allow the U.S. Departmentries for publication and promotion of U.S. Government progroup Department of State assumes no responsibility for any photos, submitted and that submissions will not be returned.	ams. I understand that the U.S.

Template Heroes Consent Form

ABSOLUTE OR LIMITED	
AUTHORIZATION, CONSENT, WAIVER, AND MEDIA RELEASE FORM	
AUTHORIZATION Being at least age eighteen, I,, authorize the U.S. Government, its agencies, contractors, grantees, partners, employees, and their agents and assigns to make pictures, videos, movies, or sound recordings of me or my likeness, including my pets, animals, property, voice, name, and bio-data in any media or format and to use the same for lawful purposes.	
CONSENT Furthermore, I consent that the pictures and recordings may be copied, abridged, published, telecast, broadcast, or transmitted physically or electronically any number of times for such purposes together with descriptions and editorial statements I may not have seen.	
WAIVER Furthermore, I waive my rights to receive any commercial benefits, advertizing time, financial consideration, profits, trade exchanges, notoriety, recognition, perquisites, compensation, general "good will", or payments derived therefrom.	
RELEASE Furthermore, I hereby absolve and release the U.S. Government, its agencies, contractors, grantees, partners, employees, and their agents and assigns of all damages and liabilities arising from making of said pictures and the recording of such materials described above.	
LIMITATIONS The above authorization, consent, waiver, and release are irrevocable, durable, and absolute unless limited as follows:	
SUBJECT'S SIGNATURE:	
PRINTED NAME:	
DATE:	
ADDRESS:	
PHONE:	
AGENT: [Photographer/Videographer's Name]	